

Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 http://bop.idaho.gov
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

CHANGES IN OPERATION Fee Schedule

This is in addition to any applicable fees required by DEA

Type of Change	Fee Due	Requirement		
Ownership	\$100/registration	New DEA #		
	_	New registration from BOP		
Location	\$100/registration	Notification of address change to DEA		
		Approval of floor plans, final inspection, and registration change to new location		
Remodel	\$100	Approval of floor plans and final inspection		
Temporary location floor plans require prior approval and inspection (\$100 fee); completed remodel requires inspection (\$100 fee). If you will be in a temporary location submit \$200 fee				
Name change	No fee	Notification to the Board		
Closure	No fee	Notification to the Board and surrender of all registrations		



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CHANGE IN OPERATION

Effective Date of Change:					
Type of Change: Ownersh	nip	☐ Closure	\square Remodel \square Name Change		
	CURRENT INF	ORMATION			
Pharmacy DEA #:	Pharmacy registration #:				
Current Owner:		Phone:			
Pharmacy Name:			Phone:		
Address:	City:		Zip:		
Pharmacy Manager:	Phone:				
	NEW INFOR	RMATION			
New Owner:	Phone:				
New Pharmacy Name:					
New Address:	Cit	y:	Zip:		
Pharmacy Manager:			Phone:		
Differential Hours? □Yes □	No (If yes, attac	ch Notification	of Differential Hours)		
Construction Changes: (Attach plans)					
Disposition of controlled substances:					
Prescription records:					
Other Stock:					
Signature of Pharmacy Manager:			Date:		
Inspector Comments:					
Inspector:			Date:		